# Case 24-10788-amc Olama6-1 Fifeite 04/2/03/24 DEstte Medi 12/08/24 ent: 059: 269 Dest Fill in this information to identify the case: Debtor 1 BIGE MONYEA CHAMBERS Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: EASTERN District of PENNSYLVANIA (State) Case number 24-10788-AMC-13

## Official Form 410

Proof of Claim 04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgements, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

F	Part 1: Identify the Clair	n						
1.	Who is the current creditor?	Ally Bank Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor						
2.	Has this claim been acquired from someone else?	☑ No □ Yes. From whom	?					
3.	Where should notices and payments to the creditor be sent?	Where should notic	es to the creditor be	sent?	Where should payments to the creditor be sent? (if different)			
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g))	Ally Bank c/o AIS Po Name 4515 N. Santa Fe Av Number			Payment Processing Center Name PO Box 660618 Number Street			
		Oklahoma City City	OK State	73118 ZIP Code	<u>Dallas</u> City	TX State	75266-0618 ZIP Code	
		Contact phone (800)	495-1578		Contact phone (800) 495-1578			
		Contact email ECFN	Notices@aisinfo.com		Contact email			
Uniform claim identifier for electronic payments in chapter 13 (if you use one):								
4.	Does this claim amend one already filed?	☑ No □ Yes. Claim numb	er on court claims re	gistry (if known) —		Filed on M	M /DD /YYYY	
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No □ Yes. Who made t	he earlier filing?					

Part 2:

# Case 24-10788-amc Olam 46-1 Fifeth 04/2403/24 Deste Madi 12008/24 dra:05726 2064 Give Information About the Claim as of the indicate Passe Was of the Claim as of the indicate Passe Was of the Claim as of the indicate Passe Was of the Claim as of the indicate Passe Was of the Claim as of the indicate Passe Was of the Claim as of the indicate Passe Was of the Claim as of the indicate Passe Was of the Claim as of the Claim as of the indicate Passe Was of the Claim as of the Cl

6.	Do you have any number you use to identify the debtor?	☐ No ☑ Yes. Last 4 digits of the de	btor's account or any nu	mber you use to identify	the debtor: $\frac{4}{2}$ $\frac{9}{2}$ $\frac{4}{2}$ $\frac{7}{2}$
7.	How much is the claim?	\$ 33,985.40*	•	amount include interest	or other charges?
	*Claimant reserves right to amend i an unsecured deficiency	its claim, including but not limited to, the	E Tes. At	_	g interest, fees, expenses, or other ruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, mon- Attach redacted copies of an Limit disclosing information t Automobile Financing	y documents supporting	the claim required by Ba	
9.	Is all or part of the claim secured?	the collateral; Creditor received a discharge  Basis for perfection:  Attach redacted copie	If the claim is secured b Attachment (Official For 2018 MASERATI LE Debtor received a discha or does not seek recours of this debt in a prior ba Certificate of Title/Li es of documents, if any,	m 410-A) with this <i>Proo</i> ce  EVANTE VIN:ZN661YUS  rge of this debt in a prior e against the debtor or to nkruptcy, Creditor reservent en Notice  that show evidence of possessions.	r bankruptcy, the underlying indebtedness attaches only to he estate on previously discharged debt.If Debtor has not wes the right to amend its claim to seek a deficiency balance, erfection of a security interest (for
		example, a mortgage been filed or recorde		rinancing statement, or c	ther document that shows the lien has
		Value of property:		\$ <u>71,160.00</u>	
		Amount of the claim	that is secured:	\$ <u>33,985.40</u>	
		Amount of the claim	that is unsecured:	\$ 0.00	(The sum of the secured and unsecured amounts should match the amount in line 7.)
		Amount necessary to	\$ 0.00		
		Annual Interest Rate ☑ Fixed □ Variable	(when case was filed)	6.783* % * May not n	eflect rate entitled to under In re Till
		Contractual rate -	for informational purp	ooses	
10		☑ No ☑ Yes. <b>Amount necessary t</b> o	o cure any default as of t	he date of the petition.	\$
11	Is this claim subject to a gright of setoff?	☑ No ☑ Yes. Identify the property:			

# Case 24-10788-amc Obacn 46-1 Fifeite 04/2/03/24 D Este N4di 1.20/08/24 dn6:059:26ge 30e64 Exhibit A Page 3 of 4

12.	Is all or part of the claim	☑ No						
	entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Check	cone:				Amount entitled to priority	
	A claim may be partly priority and partly		support obligations (including a § 507 (a)(1)(A) or (a)(1)(B).	alimony and child	support) under		\$	
	nonpriority. For example, in some categories, the law limits the amount	☐ Up to \$3,3	50* of deposits toward purcha family, or household use. 11 L			s for	\$	
	entitled to property.	bankrupto	laries, or commissions (up to sypetition is filed or the debtor's 507 (a)(4).			the	\$	
			enalties owed to governmenta	l units. 11 U.S.C	. §507 (a)(8).		\$	
		☐ Contribution	ns to an employee benefit pla	n. 11 U.S.C. § 50	07 (a)(5).		\$	
			ecify subsection of 11 U.S.C. §	_				
		·				or often the date of adjustm	\$	
		Amounts an	e subject to adjustment on 4/01/25	and every 3 years a	Tier that for cases begun on	or after the date of adjustin	en.	
Pa	art 3: Sign Below							
	ne person completing is proof of claim must	Check the approp	oriate box:					
sig	n and date it. RBP 9011(b).	☐ I am the credit	or.					
	(D) 9011(D).	☑ I am the credit	or's attorney or authorized age	ent.				
	ou file this claim	☐ I am the truste	e, or the debtor, or their autho	rized agent. Ban	kruptcy Rule 3004.			
ele 500 to 6	establish local rules ecifying what a signature	s □ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
sp		I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward that debt.						
	person who files a udulent claim could be	I have examined and correct.	mined the information in this <i>Proof of Claim</i> and have		a reasonable belief that	the information is true		
fin	ed up to \$500,000, prisoned for up to 5		analty of narium, that the force	aina ia trua and a	arraat			
ye 18	ears, or both. 3 U.S.C. §§ 152, 157, and 571.	i deciare under po	enalty of perjury that the foreg	oing is true and t	orrect.			
		Executed on date	e <u>04/24/2024</u> MM / DD / YYYY					
		/s/ Ajay Mohite Signature						
		Print the name	of the person who is com	pleting and sig	ning this claim:			
		Name	_Ajay Mohite First Name		Middle Name	Last	Name	
		Title	Claims Processor					
		Company	AIS Portfolio Services, LI Identify the corporate services		ny if the authorized agen	t is a servicer.		
			4515 N Santa Fe Ave.					
		Address	Dept. APS					
			Number	Street				
			Oklahoma City		OK State	73118 Zip Code		
			Oity		Sidic	Zip Code		
		Contact Phone	8884556662		Email	ECFNotices@aisir	nfo.com	

Official Form 410 Proof of Claim page 3

<sup>\*</sup> This form 410 has been modified by AIS in conformance with FED. R. BANKR. P. 9009 and compliance with FED. R. BANKR. P. 3001. This Form 410, as modified, is substantially similar to Official Form 410.

# Case 24-10788-amc Obacin46-1 File 104/2/0/2/24 Deste N4di 1120/08/214 end: 059:283 e 40 e 54 Exhibit A Page 4 of 4

### CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing proof of claim document was served via the Bankruptcy Court's electronic filing and notice system and/or First Class, U.S. Mail, postage prepaid to all parties listed below.

### **Case Information**

Debtor(s) BIGE MONYEA CHAMBERS						
Street	City		State	Zip		
PO BOX 123	WARMINSTER		PA	18974		
Case Number Court		Chapter		Filing Date		
24-10788-AMC-13	EASTERN DISTRICT OF PENNSYLVA	NIA 13			03/07/2024	

Debtor:

**BIGE MONYEA CHAMBERS** 

**PO BOX 123** 

WARMINSTER, PA 18974

Trustee:

KENNETH E WEST

Served Electronically

Non-Filing Debtor: Christina L Chambers 2022 Edgmont Ave Chester, PA 19013 Debtor Attorney: MICHAEL A CIBIK Served Electronically

By:

/s/ Ajay Mohite Ajay Mohite

AIS Portfolio Services, LLC 4515 N Santa Fe Ave. Oklahoma City, OK 73118